

**NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02**

NOTICE OF CONTRACTING OPPORTUNITY

**APPLICATION FOR
NAVY CONTRACT POSITION
KR-05-02
AUGUST 13, 2002**

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE SEPTEMBER 10, 2002. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: CODE 02 (ATTN: 22R)
1681 NELSON STREET
FORT DETRICK, MD 21702-9203

E-MAIL: Acquistions@nmlc.med.navy.mil
TELEPHONE: 301-619-3020

A. NOTICE. This position is set aside for individual Pharmacists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS: Pharmacist. The Government is seeking to place under contract an individual who (a), holds a current, unrestricted license to practice as a Pharmacist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and (b), possesses a Baccalaureate Degree or a Pharm D Degree in Pharmacy from a college of pharmacy accredited by the American Council of Pharmaceutical Education (ACPE). This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

Services shall be provided at Naval Ambulatory Care Center, Port Hueneme, California.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0730 and 1900. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer or his designated representative. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue *8 hours of personal leave* at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

NAVAL MEDICAL LOGISTICS COMMAND

KR-05-02

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Ambulatory Care Center, Port Hueneme, CA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **DUTIES AND RESPONSIBILITIES.** Your actual clinical activity will be a function of the Commander's credentialing process and the overall demand for pharmacist services. You may be required to consult with other specialty practitioners who have been referred for pharmaceutical services. You shall maintain liaison with the Head, Pharmacy Department per established command policies.

1. ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall:

1.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, pharmacy technicians, students) assigned to you during the performance of clinical procedures. You shall perform limited administrative duties that include maintaining statistical records of your clinical workload, participating in education programs, and participating in clinical staff Performance Improvement functions and Process Action Teams, as prescribed by the Commanding Officer.

1.2. Assist with and oversee Red Cross Volunteer interaction with patients, hospital corpsmen, MTF staff and pharmacy technician students.

1.3. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

1.4. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to pharmacy services.

1.5. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.

1.6. Participate in the implementation of the Hospital's Family Advocacy Program as directed.

1.7. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

1.8. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.

1.9. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

2. STANDARD DUTIES. You shall perform a full range of pharmacy services, within the scope of this

NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02

statement of work, on site using Government furnished facilities, equipment, and supplies. Workload includes scheduled and unscheduled requirements for services. Prescription workload is a result of requests for services by military personnel, their dependents and other beneficiaries. Workload is scheduled as a result of demands related to the provision of medical care by the military and civilian practitioners as well as prescription refill requirements, which may have been dispensed from other local military sites. You are responsible for the delivery of comprehensive pharmaceutical services within the personnel, supply and equipment capabilities of the facility, and for the quality and timeliness of records, reports, and documentation of services provided. Your productivity is expected to be comparable to that of other Pharmacists assigned to the same facility and authorized the same scope of practice. You shall:

- 2.1. Counsel patients regarding appropriate use of medications.
- 2.2. Review patient profiles at the time of dispensing in order to closely monitor medication therapy.
- 2.3. Ensure prescription directions for use, dose, medication interactions, allergy information, age specific dosage, and other pertinent data are appropriate for individual patients. Intervention with providers will be made for noted discrepancy of above listed items.
- 2.4. Ensure accuracy of all pharmaceutical products prepared or processed by technical staff.
- 2.5. Work closely with clinical staff in developing patient wellness programs such as smoking cessation programs and asthma classes. Provide medication and healthcare related in service training to clinical staff on new medications on the market; appropriate use of medications; comparison of current medication therapies; and other topics as deemed appropriate by the department head. Classes occur on a monthly basis.
- 2.6. Compound medications as required.
- 2.7. Provide medication information to the clinical staff as required.
- 2.8. Supervise hospital corpsmen and technicians and provide input for job performance evaluations.
- 2.9. Supervise inventory control of all pharmaceuticals in the pharmacy, especially scheduled pharmaceuticals, and ensure pharmacy security.
- 2.10. Consult with other specialty practitioners who have been referred for pharmaceutical services.
- 2.11. Ensure that work areas are clean and safe according to Navy and federal regulations.
- 2.12. Ensure that performance improvement functions are performed and provide monthly Performance Improvement reports to the Head, Pharmacy Department.
- 2.13. Document significant medication interactions.
- 2.14. Execute drug utilization reviews (DURs) as requested by Head, Pharmacy Department or as deemed necessary.
- 2.15. Maintain appropriate records and security of all Scheduled controlled substances according to federal and Navy regulations.
- 2.16. Attend that portion of the command orientation classes that provides an overview of command resources and emergence response.
- 2.17. Outpatient work units are defined as follows:
 - (1) Outpatient Prescription - a medication order from an authorized prescriber for self-administration by an ambulatory patient.

NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02

(2) Prescription Refill - a refill of an outpatient prescription order authorized by the prescriber on the original prescription form.

(3) Clinic Supply Issue - a bulk drug properly packaged and labeled for administration or treatment of patients in the clinical setting.

2.18. Inpatient Division Assignments:

(1) Pharmaceutical Dispensing and Checking

- (a) Sterile product and unit-dose orders
- (b) Ward and bulk clinic issues

(2) Drug Information Consultations

- (a) Medical staff consults
- (b) Nursing staff consults
- (c) Reporting adverse drug reactions
- (d) Educational presentations

(3) Quality Assurance

- (a) Specific drug review
- (b) Drug storage space usage

(4) Monitoring of distributive functions for pharmaceutical services including work units for Unit Dose, Sterile Product and Bulk orders is defined as follows:

(5) Unit Dose Order. Pharmacy-prepared individual dose drugs for inpatients to be administered within the hospital by attending Nursing Services personnel.

(6) Sterile Product. A preparation by the Pharmacy that is free of living micro-organisms such as IVs and intravenous chemotherapeutic agents.

(7) Ward Bulk Issue. A prepackaged and prelabeled drug (for authorized drug and standardized quantities) intended for inpatient administration by Nursing Services personnel when unit dose packaging is not practical or available.

2.19. In the execution of duties, the health care workers shall utilize the Comprehensive Accreditation Manual for Hospitals (JCAHO); Manual of the Navy Medical Department, Chapter 21; hospital instructions; professional journals; and professional society literature. Judgment is required in adapting and applying the established guidelines to the scope of services provided by the pharmacy department.

3. Credentialing and Privileging Requirements.

3.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/Code02/contractorinfo.htm>. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, that individual's performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to the health care worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

NAVAL MEDICAL LOGISTICS COMMAND

KR-05-02

3.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. At a minimum, possess a Baccalaureate Degree or a Pharm D Degree in Pharmacy from a college of pharmacy accredited by the American Council of Pharmaceutical Education (ACPE).
2. Possess a current, valid, unrestricted license to practice Pharmacy in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
3. Possess a working knowledge of pharmacy computer systems such as the CHCS computer system.
4. Provide two letters of recommendation from practicing pharmacists, at least one of which must from be a pharmacy supervisor/administrator attesting to your pharmaceutical skills. Candidates graduating within the preceding 12 months may provide letters from professional faculty where pharmacy degree was attained. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.
5. Possess U.S. employment eligibility per Attachment III. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States.
6. Represent an acceptable malpractice risk to the Navy.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience, both quantity and quality as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.4. above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
3. Prior medical experience in a DoD facility, then,
4. Additional medical certification or licensure, then,
5. Total Continuing Education hours, to include completion of a Pharm D Degree, then,
6. Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " Personal Qualifications Sheet - Pharmacist " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Two or more letters of recommendation per paragraph D.4., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

NAVAL MEDICAL LOGISTICS COMMAND

KR-05-02

*Please answer every question on the " Personal Qualifications Sheet - Pharmacist". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to the Contract Specialist who may be reached at Acquisitions@nmlc.med.navy.mil by fax at (301) 619-6793 or by telephone at (301) 619-3020. Please note that the reference number for this procurement is KR-05-02.

We look forward to receiving your application.

NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02

ATTACHMENT I
PERSONAL QUALIFICATIONS SHEET - PHARMACIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D and E of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII. of this Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, copy of BLS - C card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Signature)

(Date)

(mm/dd/yy)

NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02

Personal Qualifications Sheet - Pharmacist

I. General Information

Name: _____ SSN: _____
Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education:

Pharmacy Degree from: _____
(Name of accredited School and location)

Date of Degree: _____ (mm/dd/yy)

Pharm D Degree from (Factor for Award): _____
(Name of accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted):

State Date of Expiration (mm/dd/yy)

IV. APCE Approved Continuing Education:

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Basic Life Support Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____
Expiration Date: _____ (mm/yy/dd)

VI. Professional Employment: List your current and preceding employers. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____

Work Performed: _____

Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____

NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02

Work Performed: _____

	<u>From</u>	<u>To</u>
(3)	_____	_____
_____	_____	_____
_____	_____	_____

Work Performed: _____

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?
When does the contract expire? _____

VII. Experience with Pharmacy Computer Systems : Identify those systems with which you have experience:

VIII. Professional References:

Provide two letters of recommendation from practicing pharmacists, at least one of which must from be a pharmacy supervisor/administrator attesting to your pharmaceutical skills. Candidates graduating within the preceding 12 months may provide letters from professional faculty where pharmacy degree was attained. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.

IX. Employment Eligibility:

Do you meet the requirements for U.S. Employment
Eligibility contained in Section V?

Yes No

____ ____

X. Basic Life Support Level C: Certification in American Heart Association Basic Life Support (BLS) for Healthcare

Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____

Expiration Date: _____(mm/dd/yy)

XI. Additional Medical Certifications, Degrees or Licensure:

Type of Certification, Degree or License and Date of Certification or Expiration

XII. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

XIII. I hereby certify the above information to be true and accurate:

NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02

(Signature)

(Date)

(mm/dd/yy)

NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02

ATTACHMENT II
PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 2 December 2002 through 30 September 2003. Five option periods will be included which will extend services through 1 December 2007, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Pharmacists in the Ventura County, CA area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one full-time Pharmacist at the Naval Medical Clinic, Port Hueneme, CA in accordance with this Application and the resulting contract.				
0001AA	Base Period; 2 Dec 02 thru 30 Sep 03	1736	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2088	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2088	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2088	Hour	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 1 Dec 07	360	Hour	_____	_____

TOTAL CONTRACT

Printed Name _____

Signature _____ Date _____

ATTACHMENT III

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02

3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**NAVAL MEDICAL LOGISTICS COMMAND
KR-05-02**

**ATTACHMENT IV
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact Contract Specialist #22R at (301) 619-3020 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 02 (Specialist 22R)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT V

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

___ Black American.

___ Hispanic American.

___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

___ **Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).**